

1  
B

Tape# \_\_\_\_\_

Start \_\_\_\_\_ End \_\_\_\_\_

Start \_\_\_\_\_ End \_\_\_\_\_

Start \_\_\_\_\_ End \_\_\_\_\_

## REPORTED AS:

☐ Natural ☐ Accident ☐ Suicide ☒ Homicide  
☐ At Work ☐ Nursing Home ☐ In Custody ☐ State Hosp.
Post Mortem at ☒ M.E.C. ☐ MORTUARY

Request of \_\_\_\_\_

PLACE OF DEATH - NAME OF FACILITY

STREET ADDRESS

122 N. Elm Dr., Beverly Hills

DATE OF DEATH - Month, Day, Year

HOUR

FOUND OR  
PRONOUNCED BYSCENE  
PHONEUsual Residence *Same*Reported by *Sgt. Edmonds*

Address

*Beverly Hills* Phone *285-2149*Reported to *M.E.C. Nise*

Date/Time

*8-21-89 0357*Investigating Agency *Beverly Hills*

Officer

*P. D.*DATE  
TIME

Next of Kin

*Joseph Mendez*

Relationship

*Same*

Address

*Same*

Phone

*371-0495*  
*453-1423*

Notified by

*yes*DATE  
TIME

## DESCRIBE TERMINAL EPISODE AND OTHER PERTINENT INFORMATION:

*Head. Not. No. suspect. Case to leg +**See # 89-8119*

MC  
B3/200  
BIR/BPN

*\* Two blocks no. of Santa Monica. Use Santa Monica not Sunset.*

## THIS SECTION FOR INQUIRY ONLY

Attending Physician

Phone

Address

LAST DATE  
ATTENDEDCAUSE  
OF  
DEATH22 DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (A)

(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

DUE TO, OR AS A CONSEQUENCE OF :

(B)  
DUE TO, OR AS A CONSEQUENCE OF(C)  
DUE TO, OR AS A CONSEQUENCE OFApproximate  
Interval  
Between  
Onset &  
Death

BIOPSY

AUTOPSY

23. Other Conditions Contributing But Not Related To The Immediate Cause of Death

27. Was Operation Performed For Any Condition In Items 22 or 23?  
Operation Date

Discussed With

M.D.

By

Deputy

Date &amp; Time Mortuary Notified

Approved

Original Jurisdictional Determination Record

DO NOT DISCARD

<b>1</b>	APPARENT MODE <b>NAT ACC SUI (HOMI) UND</b>	SPECIAL CIRCUMSTANCES <b>MULT. SHOTGUN WOUNDS HEAD, ARM, LEG</b>	CASE NO. <b>89-08118</b>
	LAST, FIRST MIDDLE <b>MENENDEZ, JOSEPH</b>		CRYPT <b>13</b>

ADDRESS <b>722 N ELM DR.</b>	CITY <b>BEVERLY HILLS</b>	STATE <b>CALIF.</b>	ZIP
---------------------------------	------------------------------	------------------------	-----

SEX <b>MALE</b>	RACE <b>CAUC</b>	DOB <b>05-06-44</b>	AGE <b>45</b>	HGT <b>73</b>	WGT <b>200</b>	EYES <b>BRN</b>	HAIR <b>BRN</b>	TEETH <b>OWN</b>	ID VIEW <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CONDITION <b>HEAD TRAUMA</b>
<del>BEARD</del>	<del>MUSTACHE</del>	SCARS	MARKS		TATTOOS		AMPUTATIONS		DEFORMITIES	

NOK <b>ERIC MENENDEZ</b>	ADDRESS <b>722 N. ELM DR.</b>	CITY <b>BEVERLY HILLS</b>	STATE <b>CALIF.</b>	ZIP
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RELATIONSHIP <b>SONS</b>	PHONE <b>271-0495</b>	NOTIFIED BY <b>PRESENT</b>	NOT	DATE	TIME
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SSN	DL STATE	ID	LA	MAIN	CH	MILITARY <b>C</b>
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ID BY (PRINT LAST NAME) <b>VISUAL BY SONS</b>	SIGNATURE	RELATIONSHIP	PHONE	DATE
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PLACE OF DEATH <b>RESIDENCE</b>	ADDRESS OR LOCATION <b>722 N. ELM</b>	CITY <b>BEVERLY HILLS</b>	ZIP
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PLACE OF INJURY <b>RESIDENCE</b>	AT WORK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE <b>8-20-89</b>	TIME	LOCATION OR ADDRESS <b>722 N. ELM DR., BEVERLY HILLS</b>
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DOO <b>08-20-89</b>	FND <b>2350</b>	TIME	FOUND BY <b>PRON. BY SGT. K. WEST</b>
------------------------	--------------------	------	--

AGENCY & INV. OFFICER <b>BEVERLY HILLS PD, ZOELLER</b>	PHONE <b>285-2145</b>	REPORT NO.	NOTIFIED BY MEC	NO
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DESCRIBE SCENE AND CONTACT MATERIAL TO BODY <b>INSIDE - SEATED ON SOFA</b>
---

TIME <b>0535</b>	DATE <b>8-21-89</b>	DESCRIBE LIVOR MORTIS <b>NONE NOTED</b>
AIR <b>68</b> °F		
LIVER <b>90</b> °F	DATE <b>8-21-89</b>	DESCRIBE RIGOR MORTIS <b>WELL ESTABLISHED</b>
WATER <b>—</b> °F		
BIB <b>HIGBEE</b>		DATE <b>08-21-89</b>
		TIME <b>0645</b>

YES NO	YES NO	PA RPT	PA SEAL	HOSP. RPT.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES NO
PRINTS <input checked="" type="checkbox"/>	CLOTHING <input checked="" type="checkbox"/>	MEC SEAL	<b>NOT SEALED</b>	HOSP. CHART	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	MORT. RPT. <input type="checkbox"/>
MED. EV. <input type="checkbox"/>	INVEST. PHOTO <input checked="" type="checkbox"/>	PROP.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			RELEASE <input type="checkbox"/>
PHYS. EV. <input checked="" type="checkbox"/>	F.S. PHOTO <input type="checkbox"/>	RCPT. NO.	<b>70641</b>	PF NO.	<b>N/A</b>	VITALS <input type="checkbox"/>
NOTE <input type="checkbox"/>	POLICE PHOTO <input type="checkbox"/>					BLOOD <input type="checkbox"/>
GSR NO.	<b>9526</b>					

THE DECEDENT IS A MALE APPROXIMATELY 45 YEARS OF AGE. HE WAS FOUND SEATED ON A SOFA IN HIS RESIDENCE WITH MULTIPLE SHOTGUN WOUNDS. NO SUSPECT(S) NO WEAPON	
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MORTUARY:	
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INVESTIGATOR <b>George B. White</b>	DATE <b>08-21-89</b>	TIME	APPROVAL
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$$\frac{1}{1 + \frac{\lambda}{\mu}} = \dots = \frac{\mu}{\mu + \lambda} = \frac{\mu}{\mu + \lambda} = \frac{\mu}{\mu + \lambda}$$
[illegible][illegible][illegible]

1.  $\frac{1}{x^2} = x^{-2}$   
 $\frac{d}{dx} x^{-2} = -2x^{-3} = -\frac{2}{x^3}$

2.  $\frac{1}{x^3} = x^{-3}$   
 $\frac{d}{dx} x^{-3} = -3x^{-4} = -\frac{3}{x^4}$

3.  $\frac{1}{x^4} = x^{-4}$   
 $\frac{d}{dx} x^{-4} = -4x^{-5} = -\frac{4}{x^5}$

4.  $\frac{1}{x^5} = x^{-5}$   
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5.  $\frac{1}{x^6} = x^{-6}$   
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6.  $\frac{1}{x^7} = x^{-7}$   
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9.  $\frac{1}{x^{10}} = x^{-10}$   
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50.  $\frac{1}{x^{51}} = x^{-51}$   
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51.  $\frac{1}{x^{52}} = x^{-52}$   
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56.  $\frac{1}{x^{57}} = x^{-57}$   
 $\frac{d}{dx} x^{-57} = -57x^{-58} = -\frac{57}{x^{58}}$

57.  $\frac{1}{$

[illegible]

15

AUTOPSY CLASS: ☒ A. ☐ B. ☐ C. ☐ EXAMINATION (D).

Date 8/23/89 Time 0930 Dr. Golden

☐ PENDING

☒ FINAL ON 8/23/89

APPROXIMATE  
INTERVAL  
BETWEEN  
ONSET  
AND  
DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)  
IMMEDIATE CAUSE

Multiple Shotgun Wounds

DUE TO, OR AS A CONSEQUENCE OF

(B)

DUE TO, OR AS A CONSEQUENCE OF

(C)

Other conditions contributing but not related to the immediate cause of death:

☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINED

If other than natural causes  
HOW DID INJURY OCCUR?

Shooting

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE? ☐ Yes ☒ No

TYPE SURGERY \_\_\_\_\_ DATE \_\_\_\_\_

☐ PERTINENT COMMENTS:

☒ EVIDENCE RECOVERED AT AUTOPSY  
Item Description:

five (5) projectile  
Envelopes submitted  
to Enclined locker  
of 1420 m.  
8/23/89

[Signature]  
DEPUTY MEDICAL EXAMINER M.D.

DEATH CERTIFICATE ISSUED

☒ FINAL

DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_

☐ PENDING

DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_

REQUEST

☐ Police Report \_\_\_\_\_

☐ Med. History \_\_\_\_\_

☐ Investigations \_\_\_\_\_

☐ Criminalistics \_\_\_\_\_

☐ HISTOPATH CUT: ☐ AUTOPSY ☐ LAB

☐ MICROBIOLOGY:

☐ NEUROPATHOLOGY

TOXICOLOGICAL SPECIMENS COLLECTED

☒ YES, by [Signature]

☒ BLOOD: ☐ HEART ☒ (OTHER)

☐ BILE ☐ BRAIN du

☐ LIVER ☐ SPLEEN

☒ URINE ☐ KIDNEY

☐ STOMACH ☐ VITREOUS

☐ CONTENTS ☐

☐ NO BLOOD

☐ EMBALMED

☐ > 24 HR. IN HOSPITAL

☐ NOT INDICATED

☐ OTHER \_\_\_\_\_ (REASON)

TOXICOLOGICAL ANALYSES ORDERED

SCREEN: ☐ C ☒ H ☐ T

☐ ALCOHOL ONLY

☐ CARBON MONOXIDE

☐ OTHER (SPECIFY DRUG AND TISSUE)

☐ SUPPLEMENTAL REQUEST (17A)

Typing Blood Taken by [Signature]

☐ HEART ☒ OTHER [Signature]

PRIOR EXAMINATION REVIEW

☒ BODY TAG ☐ MED. RECORD

☒ CLOTHING ☐ AT SCENE PHOTO

☒ SPL PROCESSING ☒ X-RAY

☐ TAG ☒ FLUORO

WHITE - FILE COPY

CANARY - FORENSIC LAB COPY

PINK - INVESTIGATION COPY

GOLDENROD - MEDICAL EXAMINER COPY

# 2

1104 North Mission Road, Los Angeles, CA 90033 (213) 226-8008

Property Released — Monday through Friday 8:00 AM to 4:00 PM  
Closed Saturday, Sunday & Holidays☒ NO PERSONAL EFFECTS TAKEN☒ NO CASH TAKEN☐ ADDITIONAL RECEIPTS # \_\_\_\_\_No. **70641**Date **08-21-89**Case # **89-08118**Name **MENENDEZ**First **JOSEPH** Last

MI

**FIREARMS:**

Description: Type, Make, Model and Caliber

Serial # \_\_\_\_\_

Disposition: See  
Reverse side**PERSONAL EFFECTS:** U.S. Cash \_\_\_\_\_ Dollars

Keepsake/Foreign Monies \_\_\_\_\_

	NO	YES	QTY	DESCRIPTION		NO	YES	QTY	NUMBER
WALLET	<input checked="" type="checkbox"/>				DRIVERS LIC.	<input checked="" type="checkbox"/>			
PURSE	<input checked="" type="checkbox"/>				SOC. SECURITY	<input checked="" type="checkbox"/>			
MISC. PAPERS	<input checked="" type="checkbox"/>				PASSPORT	<input checked="" type="checkbox"/>			
ADDRESS BOOK	<input checked="" type="checkbox"/>				VET. CARD	<input checked="" type="checkbox"/>			
SUICIDE NOTE	<input checked="" type="checkbox"/>				IMMIG. CARD	<input checked="" type="checkbox"/>			
GLASSES	<input checked="" type="checkbox"/>				AMMUNITION	<input checked="" type="checkbox"/>			
KEYS	<input checked="" type="checkbox"/>				BLANK CHECKS	<input checked="" type="checkbox"/>			
					ACCT. #				

**WATCHES, JEWELRY & OTHER ITEMS****CREDIT CARDS, TRAVELER'S CHECKS & CHECKS FOR DECEDENT**  
(List bank acct. no., serial no's, amount, card name and no.)**WITNESS DECLARATION: UNDER PENALTY OF PERJURY, I DECLARE:**☐ The above list is all the property found on the body, clothing or adjacent area to the above named decedent and was checked by me in the presence of the witnesses signed below.☐ Above is listed all the property of the above indicated decedent after the body, clothing or adjacent area had been checked prior to my arrival.Signature George B. White Print Name & Title GEORGE B. WHITE - INUWitness Sign L. J. Zeller Print Name & Title L. ZELLER - DETECTIVEAddress & Agency B.D.D. City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Witness Sign \_\_\_\_\_ Print Name \_\_\_\_\_

Address &amp; Agency \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**DECLARATION FOR RELEASE OF PROPERTY IN THE FIELD:**

The above indicated personal effects were released to me by \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name &amp; Title \_\_\_\_\_

Agency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**DECLARATION FOR RELEASE OF PROPERTY TO FAMILY:**

The above listed property, was delivered to me by \_\_\_\_\_ of the Property Section of the Chief Medical Examiner-Coroner's Office.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PROPERTY WILL NOT BE RELEASED WITHOUT AFFIDAVIT PURSUANT TO SECTION 630 PROBATE CODE OR LETTERS TESTAMENTARY.

**5**CHIEF MEDICAL EXAMINER-CORONER  
COUNTY OF LOS ANGELES*Please read and answer all questions before signing*WAS OR HAS THE DECEDENT BEEN LEGALLY MARRIED? YES  
DOES THE DECEDENT HAVE ANY LIVING CHILDREN? YES

Case No. 89- 8118

Case Name

JOSE MENENDEZ

Date 8/22/89

## HEALTH AND SAFETY CODE

## CHAPTER 3

## CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named: (a) The surviving spouse. (b) The surviving child or children of the decedent.  
(c) The surviving parent or parents of the decedent. (d) The person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent.  
(e) The public administrator when the deceased has sufficient assets.

Government Code Section 27471 states that the only fee that the Coroner can authorize is that of embalming. The amount of the fee is set by ordinance by the Board of Supervisors, County of Los Angeles.

I certify that I am next of kin pursuant to Section 7100, Health & Safety Code, State of California, or am a relative acting as agent for the next of kin and it is my legal right to nominate a funeral director to take charge of the above mentioned deceased. Therefore, please release the body upon completion of your investigation of the death of said deceased to:

PIERCE BROTHERS WESTWOOD VILLAGE MORTUARY.

SIGNED [Signature] Relationship SONAddress 722 No. Elm City Beverly Hills State CA.Telephone No. (213) 854-1111 Date Signed 8/22/89

If not next of kin, sign above and explain why next of kin is not handling. \_\_\_\_\_

Next of kin \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

THIS SECTION TO BE SIGNED BY THE PERSON NAMED TO EXECUTE THE LAST WILL  
OR BY A NON RELATIVE WHEN NO ASSETS ARE INVOLVED.

I, \_\_\_\_\_ bearing no relationship to the above named deceased, having executed the above authorization, do hereby assume full responsibilities for the costs of all funeral services in connection therewith of the above named funeral director.

## ATTACH A COPY OF THE LAST WILL AND TESTAMENT.

SIGNED \_\_\_\_\_ Date Signed \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

PERSONAL I.D. BY:

Signed \_\_\_\_\_ Witness \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date Signed \_\_\_\_\_

## PERSONAL EFFECTS INVENTORY

1104 North Mission Road, Los Angeles, CA 90033 (213) 226-8008

Property Released — Monday through Friday 8:00 AM to 4:00 PM  
Closed Saturday, Sunday & Holidays

No. **70642**  
 Date **08-21-89**  
 Case # **89-48119**  
 Name **MARIA MENENDEZ**  
 First **M** Last **A**

**2**☒ NO PERSONAL EFFECTS TAKEN☒ NO CASH TAKEN☐ ADDITIONAL RECEIPTS # \_\_\_\_\_

## FIREARMS:

Description: Type, Make, Model and Caliber \_\_\_\_\_

Serial # \_\_\_\_\_

Disposition: See  
Reverse side

PERSONAL EFFECTS: U.S. Cash \_\_\_\_\_ Dollars  
 Keepsake/Foreign Monies \_\_\_\_\_

	NO	YES	QTY	DESCRIPTION		NO	YES	QTY	NUMBER
WALLET					DRIVERS LIC.				
PURSE					SOC. SECURITY				
MISC. PAPERS					PASSPORT				
ADDRESS BOOK					VET. CARD				
SUICIDE NOTE					IMMIG. CARD				
GLASSES					AMMUNITION				
KEYS					BLANK CHECKS				
					ACCT. #				

## WATCHES, JEWELRY &amp; OTHER ITEMS

CREDIT CARDS, TRAVELER'S CHECKS & CHECKS FOR DECEDENT  
(List bank acct no., serial no's, amount, card name and no.)

## WITNESS DECLARATION: UNDER PENALTY OF PERJURY, I DECLARE:

☐ The above list is all the property found on the body, clothing or adjacent area to the above named decedent and was checked by me in the presence of the witnesses signed below.☐ Above is listed all the property of the above indicated decedent after the body, clothing or adjacent area had been checked prior to my arrival.Signature *George B. White* Print Name & Title *GEORGE B. WHITE - INU*Witness Sign *L. Zoeller* Print Name & Title *L. ZOELLER - DETECTIVE*Address & Agency *B.H.D.D.* City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Witness Sign \_\_\_\_\_ Print Name \_\_\_\_\_

Address &amp; Agency \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## DECLARATION FOR RELEASE OF PROPERTY IN THE FIELD:

The above indicated personal effects were released to me by \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name &amp; Title \_\_\_\_\_

Agency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## DECLARATION FOR RELEASE OF PROPERTY TO FAMILY:

The above listed property, was delivered to me by \_\_\_\_\_ of the Property Section of the Chief Medical Examiner-Coroner's Office.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**5**CHIEF MEDICAL EXAMINER-CORONER  
COUNTY OF LOS ANGELES*Please read and answer all questions before signing*WAS OR HAS THE DECEDENT BEEN LEGALLY MARRIED? Yes  
DOES THE DECEDENT HAVE ANY LIVING CHILDREN? YesCase No. 89-8119

Case Name

~~ROBERT~~ MENERDEZ  
MARY. L.Date 8/22/89

## HEALTH AND SAFETY CODE

## CHAPTER 3

## CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named: (a) The surviving spouse. (b) The surviving child or children of the decedent.  
(c) The surviving parent or parents of the decedent. (d) The person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent.  
(e) The public administrator when the deceased has sufficient assets.

*Government Code Section 27471 states that the only fee that the Coroner can authorize is that of embalming. The amount of the fee is set by ordinance by the Board of Supervisors, County of Los Angeles.*

I certify that I am next of kin pursuant to Section 7100, Health & Safety Code, State of California, or am a relative acting as agent for the next of kin and it is my legal right to nominate a funeral director to take charge of the above mentioned deceased. Therefore, please release the body upon completion of your investigation of the death of said deceased to:

PIERCE BROTHERS Westwood Village MortuarySIGNED [Signature] Relationship SONAddress 722 NO ELM City Beverly Hills State CA.Telephone No. 213 854-1111 Date Signed 8/22/89

If not next of kin, sign above and explain why next of kin is not handling. \_\_\_\_\_

Next of kin \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**THIS SECTION TO BE SIGNED BY THE PERSON NAMED TO EXECUTE THE LAST WILL  
OR BY A NON RELATIVE WHEN NO ASSETS ARE INVOLVED.**

I, \_\_\_\_\_ bearing no relationship to the above named deceased, having executed the above authorization, do hereby assume full responsibilities for the costs of all funeral services in connection therewith of the above named funeral director.

**ATTACH A COPY OF THE LAST WILL AND TESTAMENT.**

SIGNED \_\_\_\_\_ Date Signed \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

PERSONAL I.D. BY:

Signed \_\_\_\_\_ Witness \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date Signed \_\_\_\_\_



1	APPARENT MODE <b>NAT ACC SUICIDE</b>		SPECIAL CIRCUMSTANCES <b>MULT. SHOTGUN WOUNDS HEAD, ARM, SHOULDER, LEG</b>		CASE NO. <b>89-08119</b>	
	LAST, FIRST MIDDLE <b>MENENDEZ, MARY LOUISE</b>		<b>SEE 89-08118</b>		CRYPT <b>13</b>	
ADDRESS <b>722 N. ELM DR.</b> CITY <b>BEVERLY HILLS</b> STATE <b>CALIF.</b> ZIP						
SEX <b>FE</b>	RACE <b>CAUC</b>	DOB <b>10-14-44</b>	AGE <b>44</b>	HGT <b>68</b>	WGT <b>165</b>	EYES <b>GRN</b>
HAIR <b>BLN</b>	TEETH <b>OWN</b>	ID VIEW <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CONDITION <b>HEAD TRAUMA</b>			
BEARD	MUSTACHE	SCARS	MARKS	TATTOOS	AMPUTATIONS	DEFORMITIES
NOK <b>ERIC MENENDEZ</b> ADDRESS <b>722 N. ELM DR.</b> CITY <b>BEVERLY HILLS</b> STATE <b>CA.</b> ZIP						
RELATIONSHIP <b>SONS</b>		PHONE <b>291-0495 453-1423</b>		NOTIFIED BY <b>PRESENT</b>		DATE TIME
SSN		DL ID STATE		LA MAIN CH		MILITARY <b>C</b>
ID BY (PRINT LAST NAME) <b>VISUAL BY SONS</b>		SIGNATURE		RELATIONSHIP		PHONE DATE
PLACE OF DEATH <b>RESIDENCE</b>		ADDRESS OR LOCATION		CITY		ZIP
PLACE OF INJURY <b>RESIDENCE</b>		AT WORK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE <b>08-20-89</b>	TIME <b>?</b>	LOCATION OR ADDRESS <b>722 N. ELM BEVERLY HILLS</b>	
<b>000</b>	FND <b>08-20-89</b>	TIME <b>2350</b>	FOUND BY PRON. BY <b>5CT WEST</b>			
AGENCY & INV. OFFICER <b>BEVERLY HILLS P.D. ZOELLER, 285-2145</b>		PHONE		REPORT NO.		NOTIFIED BY MEC NO
DESCRIBE SCENE AND CONTACT MATERIAL TO BODY <b>INSIDE - LYING ON RIGHT SIDE ON FLOOR</b>						
TIME <b>0600</b>		DATE <b>8-21-89</b>		DESCRIBE LIVOR MORTIS <b>NONE NOTED</b>		
AIR <b>68°F</b>		LIVER <b>91°F</b>		DESCRIBE RIGOR MORTIS <b>WELL ESTABLISHED THROUGHOUT.</b>		
WATER <b>—°F</b>		BIB		<b>HIG RICE</b> DATE <b>08-21-89</b> TIME <b>0645</b>		
YES NO	YES NO	PA RPT	PA SEAL	YES NO		YES NO
PRINTS <input checked="" type="checkbox"/> <input type="checkbox"/>	CLOTHING <input checked="" type="checkbox"/> <input type="checkbox"/>	MEC SEAL	<b>NOT SEALED</b>	HOSP. RPT.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	MORT RPT. <input type="checkbox"/> <input type="checkbox"/>
MED. EV. <input type="checkbox"/> <input checked="" type="checkbox"/>	INVEST. PHOTO <input checked="" type="checkbox"/> <input type="checkbox"/>	PROP.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	HOSP. CHART	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	RELEASE <input type="checkbox"/> <input type="checkbox"/>
PHYS. EV. <input checked="" type="checkbox"/> <input type="checkbox"/>	POLICE PHOTO <input checked="" type="checkbox"/> <input type="checkbox"/>	RCPT. NO.	<b>70642</b>	PF NO.		VITALS <input type="checkbox"/> <input type="checkbox"/>
NOTE <input type="checkbox"/> <input checked="" type="checkbox"/>	GSR NO. <b>9534</b>	BLOOD <input type="checkbox"/> <input type="checkbox"/>				
THE DECEASED IS A 44 YEAR OLD FEMALE WHO SUSTAINED MULTIPLE SHOTGUN WOUNDS AT HER RESIDENCE. NO SUSPECT(S) NO WEAPON(S)						
MORTUARY:						
INVESTIGATOR <b>George B. White #096984</b>				DATE <b>08-21-89</b>		TIME <b>0645</b>
APPROVAL						

09/05/07

Newark, NJ

To: Robert M. Lerner, M.D.  
County Medical Director

From: Dr. William J. Lerner, M.D.  
County Medical Director

Subject: Lerner's Case under 20-011, PENNSYLVANIA, 1997

In accordance with your request, toxicological analyses have been performed and are being reported on the following page of results below.

Sample	Substance	Drug	Time	Result	Date
1	Urine	Cocaine	10/10/07	1.00	10/10/07
2	Urine	Cocaine	10/10/07	1.00	10/10/07
3	Urine	Cocaine	10/10/07	1.00	10/10/07
4	Urine	Cocaine	10/10/07	1.00	10/10/07
5	Urine	Cocaine	10/10/07	1.00	10/10/07
6	Urine	Cocaine	10/10/07	1.00	10/10/07
7	Urine	Cocaine	10/10/07	1.00	10/10/07
8	Urine	Cocaine	10/10/07	1.00	10/10/07

09/05/07

Dr. William J. Lerner, M.D.  
County Medical Director  
County Medical Director  
County Medical Director  
County Medical Director  
County Medical Director

Dr. Robert M. Lerner, M.D.  
County Medical Director  
County Medical Director  
County Medical Director  
County Medical Director  
County Medical Director

**1**  
BTape# \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_CORONER'S  
CASE ☒  
INQUIRY ☐  
N.C.C. ☐CASE NO. 89-8119

LAST NAME

McMendez

FIRST

Mary (Kitty)

MIDDLE

Age

45?MALE ☐FEMALE ☒☐ Natural ☐ Accident ☐ Suicide ☒ Homicide  
☐ At Work ☐ Nursing Home ☐ In Custody ☐ State Hosp.Post Mortem at ☒ M.E.C. ☐ MORTUARY10-14-44

Request of \_\_\_\_\_

PLACE OF DEATH - NAME OF FACILITY

STREET ADDRESS

722 N. Elm Dr., Beverly Hills

DATE OF DEATH - Month Day Year

8-20-87

HOUR

FOUND OR  
PRONOUNCED BYSCENE  
PHONEUsual Residence Same

Reported by

Sgt. Edmonds

Address

Beverly Hills P.D.

Phone

285-2149

Reported to M.E.

Wise

Date/Time

8-20-87 0357

Investigating Agency

Beverly Hills P.D.

Officer

P.D.DATE  
TIME

Next of Kin

Mr. Lyle J. McMendez

Relationship

Son

Address

Same

Phone

291-0425

Notified by

yes(ERIC)DATE  
TIME453-1423DESCRIBE TERMINAL EPISODE AND OTHER PERTINENT INFORMATION: GSWNo suspectsSee # 89-8118X Two blocks no. of Santa Monica.  
Use Santa Monica, not Beverly Hills.

## THIS SECTION FOR INQUIRY ONLY

Attending Physician

Phone

Address

LAST DATE  
ATTENDEDCAUSE  
OF  
DEATH22 DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (A)

(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

DUE TO, OR AS A CONSEQUENCE OF

(B)  
DUE TO, OR AS A CONSEQUENCE OF(C)  
DUE TO, OR AS A CONSEQUENCE OFApproximate  
Interval  
Between  
Onset &  
Death

BIOPSY

AUTOPSY

23. Other Conditions Contributing But Not Related To The Immediate Cause of Death

27. Was Operation Performed For Any Condition In Items 22 or 23?  
Operation Date

Discussed With

M.D.

By

Deputy

Date &amp; Time Mortuary Notified

Approved

Original Jurisdictional Determination Record

DO NOT DISCARD

**15**AUTOPSY CLASS: ☒ A. ☐ B. ☐ C. ☐ EXAMINATION (D).Date 7/23/99 Time 1100 Dr. Clarkin

PRINT NAME

☐ PENDING☒ FINAL ON 7/23/99APPROXIMATE  
INTERVAL  
BETWEEN  
ONSET  
AND  
DEATH22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)  
IMMEDIATE CAUSE(A) Multiple Shotgun Wounds

DUE TO, OR AS A CONSEQUENCE OF

(B)

DUE TO, OR AS A CONSEQUENCE OF

(C)

Other conditions contributing but not related to the immediate cause of death:

☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINEDIf other than natural causes  
HOW DID INJURY OCCUR?ShootingWAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE? ☐ Yes ☒ No

TYPE SURGERY \_\_\_\_\_ DATE \_\_\_\_\_

☐ PERTINENT COMMENTS:☒ EVIDENCE RECOVERED AT AUTOPSY  
Item Description:8 (Eight) Projectile Envelopes  
+ Evidence Safe  
at 1420 hr  
7/23/99  
DR

## REQUEST

☐ Police Report \_\_\_\_\_☐ Med. History \_\_\_\_\_☐ Investigations \_\_\_\_\_☐ Criminalistics \_\_\_\_\_☐ HISTOPATH CUT: ☐ AUTOPSY ☐ LAB☐ MICROBIOLOGY:☐ NEUROPATHOLOGY

## TOXICOLOGICAL SPECIMENS COLLECTED

☒ YES, by DR☒ BLOOD: ☐ HEART ☒ (OTHER)☐ BILE ☐ BRAIN DR☐ LIVER ☐ SPLEEN☒ URINE ☐ KIDNEY☐ STOMACH ☐ VITREOUS☐ CONTENTS ☐ \_\_\_\_\_☐ NO BLOOD☐ EMBALMED☐ > 24 HR. IN HOSPITAL☐ NOT INDICATED☐ OTHER \_\_\_\_\_ (REASON)

## TOXICOLOGICAL ANALYSES ORDERED

SCREEN: ☐ C ☒ H ☐ T☐ ALCOHOL ONLY☐ CARBON MONOXIDE☐ OTHER (SPECIFY DRUG AND TISSUE)☐ SUPPLEMENTAL REQUEST (17A)Typing Blood Taken by DR☐ HEART ☒ OTHER DR

## PRIOR EXAMINATION REVIEW

☒ BODY TAG ☐ MED. RECORD☒ CLOTHING ☒ AT SCENE PHOTO☒ SPL PROCESSING ☒ X-RAY☐ TAG ☐ FLUORO

WHITE - FILE COPY

CANARY - FORENSIC LAB COPY

PINK - INVESTIGATION COPY

GOLDENROD - MEDICAL EXAMINER COPY

## DEATH CERTIFICATE ISSUED

☒ FINAL

DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_

☐ PENDING

DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_

82

- ☐ Probable Accident  
☐ Probable Suicide  
☐ Questionable Suicide/Possible Homicide  
☒ Probable Homicide  
☐ Homicide Investigator Requests Rush

Kit #

9534

82-00119  
RECEIVED  
DCS 08-20-89  
HOMICIDE 13  
BEVERLY HILLS P.D.  
SFF ALSO 89-0811A

INFORMATION ABOUT DECEDENT/SHOOTING

☐ Right Handed ☐ Left Handed ☒ Unknown

☐ Male ☒ Female

Occupation UNK.

Activity Prior to Shooting UNK.

Have the decedent's hands been touched by anyone prior to taking the GSR sample? ☐ Yes ☒ No

If yes, by whom? ☐ Paramedics ☐ Family ☐ Police ☐ Hospital Personnel  
☐ Other \_\_\_\_\_

Was the weapon found in the decedent's hand? ☐ Yes ☒ No

If yes, which one? ☐ Right ☐ Left

If no, describe weapon's location in relationship to decedent's hands UNKNOWN IF ARMED.

Shooting Occurred: ☒ Indoors ☐ Outdoors ☐ Unknown

Location of Body: ☒ Indoors ☐ Outdoors ☐ Automobile ☐ Hospital  
Other \_\_\_\_\_

Number of Shots Fired: UNK.

Date 08-20-89 and Time UNK. of Shooting

Date 08-21-89 and Time 0515 GSR samples were taken.

GSR evidence collected ☒ At Scene ☐ At FSC ☐ At Hospital  
☐ Other \_\_\_\_\_ By: GEORGE WHITE

Body transported to FSC via ☒ Coroner's vehicle ☐ MTS

FIREARM

☐ Revolver ☐ Semi-automatic/automatic ☐ Rifle ☒ Shotgun

UNK. Other (e.g., Derringer, Single shot pistol, etc.) \_\_\_\_\_

Made/Model \_\_\_\_\_ Caliber \_\_\_\_\_

AMMUNITION

Brand of Ammunition \_\_\_\_\_ Type of Ammunition \_\_\_\_\_

Bullet Configuration: ☐ Round Nose ☐ Hollow Point ☐ Wad Cutter ☐ Pointed

UNK. Other \_\_\_\_\_

Bullet Surface: ☐ Jacketed ☐ Semi-jacketed ☐ Bare Lead ☐ Plated

Comments: \_\_\_\_\_

\_\_\_\_\_  
Investigator George B. White Date 08-21-89

Do not write below this line

RESULTS:

Bullet wt: \_\_\_\_\_

Barrel Length \_\_\_\_\_

White: Medical file  
Pink: Laboratory Copy (to be returned to Coroner's Investigator)  
Yellow: Laboratory Copy